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LEADING ARTICLES

THE TOILING CHILDREN.

BAYARD HOLMES, M. D.

CHICAGO.

IT is difficult with a subject of this sort to be at once forceful and dramatic in the statement of facts, and escape the charge of sentimentality and sensationalism. Let me be rather prosaic than explosive, and charge me with being dull rather than pyrotechnic.

Allowing that it is impossible for us to change the inheritance of the child, we must admit that environment plays the largest part in the development of the little man or woman. Every child is entitled to a mother, a father and a home. In this statement comes the assumption that the father has steady employment and a living wage. Every child is entitled to a childhood free from toil. This statement contains the subject of this paper.

When a child is born, if a little boy, he is 52 centimeters, 19 inches, long, and if a little girl, 2 centimetres, or almost an inch, shorter. During the first ten days of life these children lose in weight, and then, under proper circumstances, gain again all that they have lost. Then begins the most interesting period of their growth, which continues for six months. At this time there is generally a slight arrest of growth. It is referred to teething. It may be abrupt and short, or slow and longer. Then begins a spurt which rarely stops before the end of the second year, and often not until the sixth year. At these periods there is generally a more or less distinct loss in vigor and strength, and sometimes even in weight, which is followed in due time by another period of growth. Between six and sixteen boys and girls show distinct variations in the method and rapidity of their development, so that while the boys have been taller and heavier than the girls until the age of ten or twelve, at this time the girls outstrip the boys in height, weight, strength and mental vigor, to be overtaken by the boys only after the permanent rest which girls generally take on at about the age of eighteen or nineteen. The girl's growth is then complete before she is twenty, while the boy, under proper surroundings, grows until he is twenty-three or twenty-four.

These periods of diminished weight and arrest of growth are accompanied by corresponding plateaux in mental and spiritual development. The boy in the resting stage, at ten or eleven, is unattractive, disagreeable, mischievous and obstreperous. He begins to have trouble with his teacher just when his twin sister shows an unusual degree of application and attractiveness. He is a torment and grows worse and worse, until some morning, when he comes to school with clean hands, a clean face and parted hair, and before you know it, he is an inch taller than when you last looked at him. The wise parent and the successful teacher is able to guide the unhappy youth through these critical periods either by love or intuition.

The growth of the child is progressive and follows a certain sequence, like the building of a house, or the maturing of a plant. In the first month nutrition is established and the trunk muscles grow and all of their connections are made through the cord to the brain. The five senses look out and take cognizance of pain and pleasure, but it is many years before the eye is trained to color, form and size, and the ear to the sweetness of melody and harmony, and only by the most varied and successive and rational exercise are the muscles of the extremities brought to perfection with all the complicated nervous connections with which they must be strung through the cord to the brain and the organs of perception. Unless the foundations are well laid, unless the

frame-work is symmetrically raised, the house cannot be enclosed and roofed and decorated. Much more complicate are the buildings of the boy, much more rigid are the sequences which must be followed in his exercise in order that the man may eventuate.

The embryo life of the boy or girl is the key to the history of animal creation. The physical, mental and moral development of the child follows in the same manner the development of the race through savagery and barbarism to civilization

It is no part of my plan to point out the fact that the graded schools do not consider the irregular development of the child, nor to his particular fallibility at the critical periods which so constantly pursue him. It is enough to consider how the child reacts to the drudgery and toil of the factory, the work shop, the office and the department store.

In the primitive American home the child began to work almost as soon as he could walk. He did certain chores; he brought in the wood, shoveled away the snow, pumped the water, fed the pigs and chickens, and a little later milked the cows, watered the horses, and cleaned the stables. Each of these acts and obligations was timed to his strength and growth. Each was first admired in another, then shared, and at last undertaken and carried out. Every occupation was a new study in physics, chemistry or biology. The trees were tapped, the sap collected and boiled down into syrup in the Spring. Then came the plowing, seeding and planting and the care of the crops. At last the harvesting, threshing, and even further preparations for food or raiment. The flax was threshed, rotted, broke, swingled, hetcheled and spun. It was often put into the loom and woven into plain or figured cloth for the raiment, the table, or for dressing the beds. The sheep were sheared and the wool washed, carded and spun and then dyed and woven into cloth for the use of the family. The sheep and cattle were butchered and the tallow was tried out and made into candles and the hides were taken to the tannery and brought back to be made into boots and shoes during the long winter evenings. In the shop sleds, wagons, tubs, boxes and pails were made, and in the front of the horse barn there was a bellows and forge, an anvil and other tools by which the horses were shod, and every conceivable implement of iron and steel made and repaired. Every bit of work that the boy or girl did was educational and developmental, and none of it was toil or grind. It amounted to a natural and unconscious sjloyd, in which the father and mother and older brothers sisters were the teachers and the children the pupils.

In the 20th century, and in this free country, the toiling child is routed out of bed, eats a joyless breakfast of scant nutrition, and takes a street car, where he pays an adult fare, for the factory. He enters with a number and sits down before a machine contrived so ingeniously that any child can run it, and built so substantially that no fool can break it. There he sits all day and feeds plates of tin, wood or iron to its insatiable and relentless jaws. At the noon hour he swaggers off and eats a cold lunch amongst surroundings anything but conducive to his health, his physical comfort or his intellectual and moral needs. The afternoon is spent before the same insatiable machine. As the day wears away and sundown approaches, there are more errors, and here and there the revengeful machine takes his meed of blood and bone. The child goes home weary and bedraggled, physically, mentally and morally. Irresponsible, over-worked and over-weary, under-fed and unrecreated, he naturally seeks stimulants and dissipation. Days and weeks drag on, until in a fit of almost propulsive insanity he quits his job on trivial provocation, and in spite of forfeits or fines, shortly seeks another, where the same history is repeated.

It is wonderful what skill and aptness the child acquires. He can feed a machine more deftly than any man or woman; he learned it quicker, and can outstrip his older brothers or sisters at piece work, but the act is one ceaseless repetition, until the whole nervous system revolts, or until he is displaced by a younger and defter competitor. The child is kept at the machine he can feed the fastest, without regard to his need of physical development. There is no rotation, there is no consideration for the fact that this ceaseless attention of the weary eyes results in a baneful astigmatism which no lens can cure, that the posture provokes or aggravates a curvature of the spine and that the dusty atmosphere lays deep and sure the basis of respiratory infection. Only one thought rules in the factory where children are employed—it is cheap and manageable labor and a profitable product.

The factory toiling child is placed under conditions advantageous to the production of goods and regardless of the destruction of the embryo man and citizen. It is possible that factories could be sanitary, dustless and well-lighted. It is possible that the machines could be so guarded that they would be harmless and so devised that they would be noiseless. It is possible that the factories could be made as educational as the house-

hold of fifty years ago, and that by a rotation of occupations the child could be made useful while at the same time his body would be developed by measured and well timed exercise, his mind be cultivated and stimulated by rational and reasonable activity and his soul brought out and mellowed by the charm of sympathy, the stimulus of social dependence and enthusiasm and the facination of beautiful surroundings and lofty ideals.

As it is, however, the machine maims the child. The toil stunts him. The ceaseless expenditure of energy dwarfs his mental development and ruins his physical symmetry and beauty, and the irrational methods of manufacture and commerce unhinge his moral sensibilities. The result of child-labor is defective manhood and womanhood. The strength of the state is its citizenship. The toiling childhood is a poor preparation for patriotic manhood. Bond slavery conserved childhood and youth to realize on manhood and womanhood. The wage system of today ruthlessly sacrifices profitable adult labor for a few years of cheap child labor.

The only reason why the State can interfere with the freedom of employment of women and children is because it has the inherent right to protect itself. Society does not reform the criminal in order to make him a good man, but confines him in order to protect itself. Society does not cure the insane person in the asylum or hospital, but shuts him up for its own peace and protection. So society must prevent the child from toiling, not because society wishes to give as large a life as possible to the child, but because society must protect itself from the defective, the delinquent, or the criminal adult, which child labor unerringly produces.

The toiling child is a menace to the laboring classes, to the laboring man and to the laboring woman, by taking a man's place at the machine in the factory, or, in the store, at a child's wage.

Child labor is a menace to organized, self-respecting labor by furnishing in a few years a weak, defective and irresponsible flood of labor similar to that of the hopeless coolie, or the careless, subservient negro.

Child labor is a menace to capital by filling the state institutions with defective delinquent and dependents. This class is growing, and the expense of police departments, of so-called justice, and for institutions of reformation and confinement are a burden to capital, both by direct taxation and by private endowment, increasing year by year.

The best employer does not employ children, coolies, or imported labor. He gets the best and most responsible labor in the market, and is glad to pay the highest price. Child labor laws do not influence him, nor interest him, except as they restrain an unprincipled competitor. As a citizen and as a manufacturer seeking a market he is interested in keeping to the minimum the defective, dependent and delinquent classes, and in maintaining as high a standard of life in the community as its resource can posssibly support. Thus is his market increased and the safety of the community insured.

CRILE concludes from laboratory experiment corroborated by clinical observation that in Graves' disease the greatest power of excitation, and indeed hyperthyroidism comes through the psychic forces; and that the greatest factor in the mortality is not the operation (for goitre) per se, if well done, but it is what has occurred (of psychic excitation) before the operation is performed.—Northwest Medicine.

THE AGE OF MEDICAL GRADUATES IN JAPAN.—A Japanese paper finds reason for lamentation in the fact that whereas medical students in Europe graduate at twenty-two or twenty-three years of age, in Japan the age is over twenty-six. The paper in question points out that Japanese mature and age earlier than Europeans, and that as the period of usefulness in life in Japan is considered to be over at fifty, the period of active practice is short.

AMERICAN ASSOCIATION OF RAILWAY SURGEONS.—At the annual meeting of this Association, held in Chicago, October 14, 15 and 16, the following officers were elected for the ensuing year: President, Dr. J. R. Hollowbush, Rock Island, Ill.; vice-presidents, Dr. Benjamin Thompson, Tama, Ia.; Dr. G. W. Thompson, Winamac, Ind.; Dr. Oscar Le Seure, Detroit, Mich.; secretary-treasurer, Dr. H. B. Jennings, Council Bluffs, Ia.; editor, Dr. Louis J. Mitchell, Chicago.

FREE PUBLIC LECTURES AT THE HARVARD MEDICAL SCHOOL.—Free public lectures on medical subjects, which have proved a success for the past two years, will be continued this year. These lectures are given on Saturday evenings and Sunday afternoons, beginning in January and ending May. The aim which has been for the most part successfully attained heretofore is to present medical subjects of popular interest in such a way that those untrained in medicine may derive a clearer idea of its methods and objects.

FUSED KIDNEY (HORSESHOE KIDNEY).

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CHICAGO.

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ESPECIAL attention is directed to figures 60 and 60a on account of their signification as to position, exposure to trauma, mistaken diagnosis, and single ureter endangering ureteral obstruction by calculus. If 60 and 60a had belonged to a woman the trauma of labor would have endangered the integrity of the kidney and the renal mass would have jeopardized the passage of the child. The expanding gestating uterus would doubtless have endangered the integrity of the ureter. This specimen (60 and 60a), which I shall term renes compositae central, or compound kidney is of extreme rarity and of vast clinical importance (especially in woman). It is pathologic as the calyces and ureteral pelvis are dilated. The specimen will suggest to the "belly ripper" to attempt, at least to make a diagnosis before the exploratory and confirmatory incision is practiced.

For some ten years I have been collecting illustrations, museum and autopsic specimens of fused or horseshoe kidney from all sources. So far I have collected some 83 illustrations,

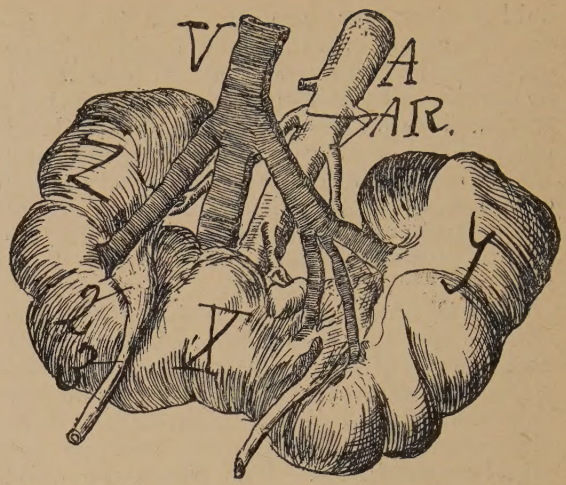


Fig. 19.—Fused (horseshoe) kidney, renes arcuati distal (distal poles fused at their distal end). Explanation of illustrative signs: A, aorta; V, vena cava; X, isthmus renalis; Z, right, and Y, left lateral renal mass. AR, arteria renalis; 2, ureteral pelvis; 3, proximal ureteral isthmus. View ventral; X, isthmus renalis. Parenchymatous located ventral to aorta and vena cava and dorsal to ureters. Hilum, located on ventral renal surface. Sinus, moderate dimensions. Ureters (proper), bilaterally single, located on ventral renal surface. The form (isthmuses, 3, and dilatations, 2, marked and symmetrical. Dimensions within normal. Course practically normal, fixed. Pelvis bilaterally single and located on ventral renal surface. Form, usual, bilaterally symmetrical. Dimension normal. Calyces not dissected. Vessels: Left side two renal arteries, right one. A single renal vein exists bilaterally. Topography—Holotopia abnormally medially; skeletopia, excessively intimate with vertebrae; syntopia, abnormally intimate with aorta and vena cava; idiotopia, distal renal poles rotated excessively medialward. Form, crescentric. Symmetry practically bilaterally symmetrical. Surface lobulated, fissured. Dimension equivalent to two normal kidneys. Position distalward congenital dystopia. (After Ziegler.)

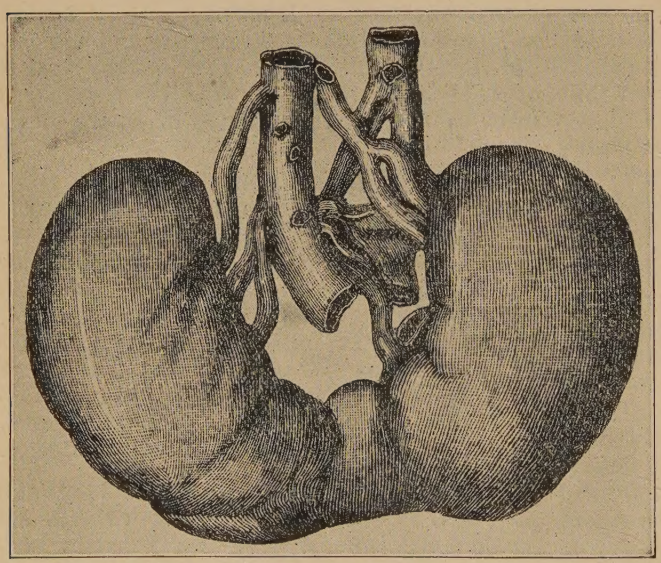


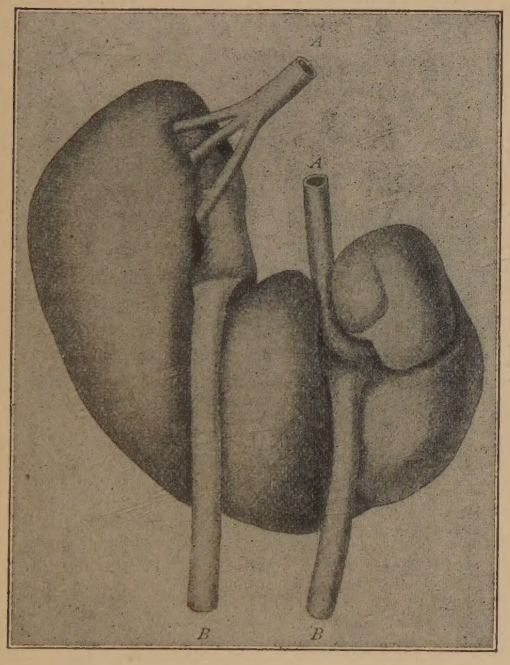
Fig. 14.—Fused (horseshoe) kidney, renes arcuati distal (poles fused at distal end. View, dorsal. Isthmuses, renalis, parenchymatous. Located ventral to aorta and vena cava. The isthmus lies ventral to aorta and vena cava and to the ureters ventrally. Hilus, located on ventral renal surface. Ureters, located on dorsal renal surface. Vessels, renal surface, renal arteries, bilaterally duplicate. Their origins are separated 1¼ inches from each other. Topography—Holotopia, abnormally medianward. Skeletopia, abnormally intimate with the vertebral column. Syntopia, excessively intimate with the aorta add vena cava. Idiotopia, the distal poles rotated excessively medianward. Form, crescentric. Symmetry, bilaterally symmetrical. Surface, practically smooth. Dimension equivalent to two renal organs. Position, distalward congenital dystopia. (After H Morris.)

no two of which are identical. It is to be regretted that the general profession views the anomaly of fused or horseshoe kidney as a curiosity. Rather should a fused kidney be regarded as variations of diagnostic and clinical importance. In the blooming of renal and ureteral investigations and surgery it is time to study fused kidney from a physiologic, anatomic, pathologic, clinical and surgical standpoint. The most practical and instructive method of studying fused kidney is from illustrations drawn from specimens, for, a picture tells it a thousand times better than a definition.

In fused or horseshoe kidney there are multiple factors to study.

A horseshoe kidney consists of the fusion, coalescence of (a) the proximal pole, renes arcuati proximal, or (b) the distal renal pole —renes arcuati distal—by means of a segment of renal parenchyma or connective tissue, known as an isthmus, which extends across the vertebral column; (c) a third kind

is that in which two lateral renal masses are united by a median segment—a crucial or circular form, or, what I term renes compositae central. A horseshoe kidney signifies coalescence or fusion of renal parenchyma from opposite sides of the body, or the same side. Fetal lobulation indicate that the kidney is a composite organ and has coalesced bilaterally separate. The malformation in horseshoe kidney has no constant uniformity of manifestation. The fused renal masses are irregular in contour, form, blood supply,



dimensions, location and visceral relations. The form of horseshoe kidney is extremely variable. I have classified it, for convenience, into three departments:

(a) Renes arcuati proximal, i.e., the proximal poles are fused.

(b) Renes arcuati distal, i. e., the distal poles are united.

(c) Renes compositae central, i.e., there is a central coalesced renal mass.

Horseshoe kidney presents extreme variation, in position extending from the coeliac axis to the pelvic floor, practically a fused or horseshoe kidney presents congenital renal dystopia.

Renal vessels influence the position of the segments of the renal mass to an extensive degree.

The dimensions of the horseshoe kidney varies extensively, however, perhaps it averages as equivalent to normal bilateral renal unicity.

The hilus renalis and sinus renalis also vary extensively.

An important subject is the visceral relations of the horseshoe kidney, which possesses marked individuality.

The fused or horseshoe kidney must be considered anatomically, physiologically, clinically, pathologically and surgically.

Surgically fused kidney is of extreme importance on account of: (a) Multiple abnormal renal vessels with hemorrhage tells the story of surgery in fused kidney, (b) ves-

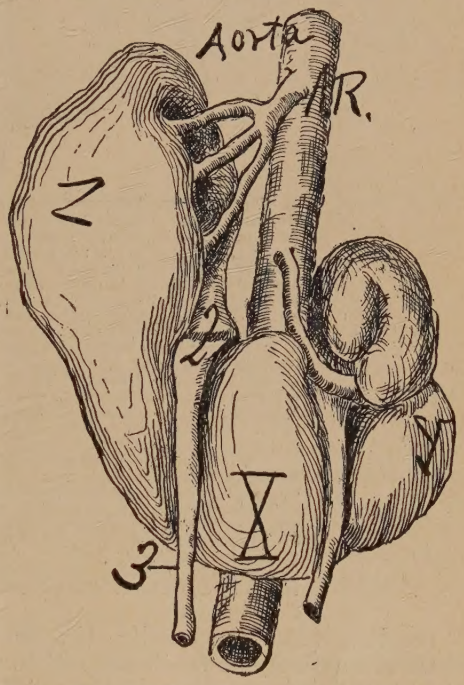


Fig. 20.—Photographic and pen drawing of fused (horseshoe) kidney, renes arcuati (distal poles fused). Explanation of illustrative signs; Z, right, Y, left renal mass. AR, arterial renalis; X, isthmus renalis, ureteral pelvis; 3, proximal ureteral isthmus. View, ventral. Isthmus renalis. Parenchymatous. Location ventral to aorta and vena cava. Isthmus lies between the aorta and vena cava (dorsal) and calyces and pelvis (ventral), i. e., aorta and calyces are on opposite sides of the isthmus. Hilum located on ventral renal surface. Sinus of slight depth. Bilaterally single, located on the ventral renal surface. Ureter (proper), the form (isthmuses and dilatations) marked and dimensions within normal range. Pelvis (ureter) bilaterally single located on ventral renal surface. The form abnormal bilateral nou-symmetrical and dimension normal. Calyces not observed (not dissected) located on ventral renal surface. Form, non-symmetrical. Vessels bilaterally single, non-symmetrical in position, vessels related to dimension of renal mass. Topography—Holotopia, excessively medianward; keletopia abnormally intimate with vertebral column; syntopia excessively intimate with aorta and vena cava. Form, crescentric; symmetry, non-symmetrical. Surface lobulated fissured. Dimension not equivalent to two kidneys. Position, distalward congenital dystopia. (After Coplin.)

sels are not only abnormal in multiplicity, but also in position and dimension. The abnormally located vessels become lacerated during operation and the source of hemorrhage is obscure; (c) a danger in surgery of fused kidney is the removal of the whole or part of the fused kidney before the diagnosis is complete or relations are discovered, with

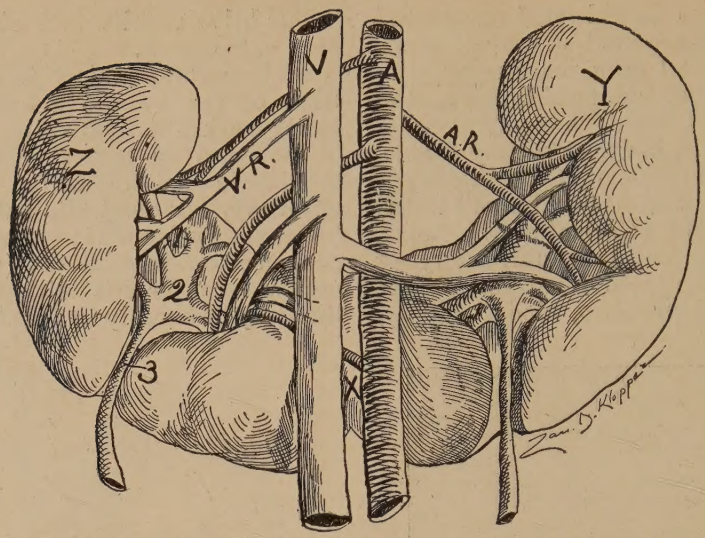


Fig. 25.—Fused (horseshoe) kidney, renes arcuati distal (distal pole fused). Explanation of illustrative signs: R, right, Y, left renal mass; A, aorta; V, vena cava; A. R, arteria renalis; V. R., vena renalis; X, isthmus renalis; 1, calyces; 2, ureteral pelvis; 3, proximal ureteral isthmus. View, ventral. Isthmus, renalis. Parenchymatous. Located dorsal to aorta, vena cava calyces and pelvis located on same side of kidney as aorta and vena cava and aorta. Hilum, located bilaterally on ventral surface. Sinus practically absent or a plane. Ureter (proper), bilaterally single, located on ventral renal surface with usual form (ureteral isthmuses and dilatation) and dimension. Pelvis (ureter). 2. Bilateral pelvic duplicity located on the ventral renal surface. The form is irregular, distorted, bilaterally nonsymmetrical. The dimension practically within the normal range. The left possesses the greater capacity. Calyces (1), right possesses 6, left 5 (non-dissected). Location on ventral renal surface in sinus renalis. Form and dimension abnormal distorted. Vessels unsymmetrical. Right 2 renal arteries and 3 renal veins. Left a single artery and a single vein. This particular specimen appears to present renal vascular duplicity. The renal veins lie ventral to the renal arteries. The dimension of the blood volume is greater than that of two normal kidneys. The renal vessels course distalward and proximilward. Topography—Holotopia, distal pole excessively medianward; skeletopia, abnormally intimate with the vertebral column; syntopia, abnormally intimate with aorta and vena cava; idiotopia, the distal poles excessively rotated medialward. Form crescent. Symmetry practically symmetrical. Surface lobulated and fissured. Dimension equivalent to two kidneys. Position distalward congenital. (This specimen was presented to me by Dr. H. J. Whitacre of Cincinnati.)

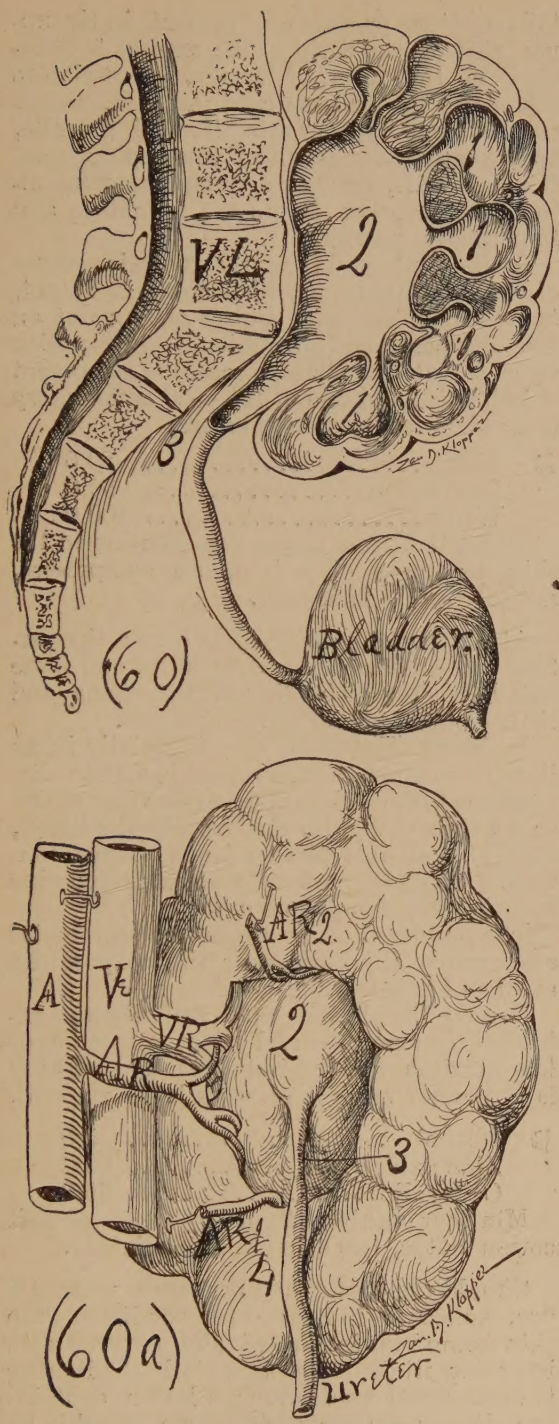
fatal results. (d) Occasionally the entire fused renal mass may be located dorsal to the vena cava and aorta, endangering the integrity of the great vessel of the abdomen by any kind of surgery. (e) The renal isthmus may be located at the proximal of distal renal termination, and it may be located ventral or dorsal to the vena cava and aorta. Fused kidney presents more lobulation than the normal one, presenting a condition of arrest of development in contour form and location.

From a physiologic point the fused kidney experiences no disturbance in function. It lives its physiologic life as non-fused kidney. It has no special influence on the well-being of its possesor. The non-fused or horseshoe kidney refer to abnormal form and not to abnomal function. The fused kidney is developed from normal parenchyma. Urinalysis furnishes no clue to fused kidney. From mechanical factors pathologic renal physiology may arise though statistical data are not at hand to prove it.

From an anatomic standpoint it may offer grave disturbances. Mechanically it may interfere with adjacent and remote structures anatomically and physiologically. Its position may jeopardize it to trauma. The embryologic renal parenchyma may lie in such proximity that fusing or coalescing occurs resulting in interference of form and position. The ureters possess normal collecting uriniferous tubules, though distorted in anatomic arrangements.

Pathologically the fused kidney is apt to call for medical assistance because its abnormal position renders it liable to trauma. Its position in general is ventral to the lumbar vertebrae, occupying a distalward position in the abdomen. In woman it might suffer trauma during parturition or gestation. In both sexes it may suffer from trauma from exposed position in constipation.

Clinically the fused kidney is of vast significance in diagnosis and in surgery. It may be mistaken for abdominal neopalsm, tumor. I know of no data which recorded a diagnosis of fused kidney previous to extra or intraperitonotomy. And yet fused or horseshoe kidney occurs once in 5000 subjects. The X-ray is the hope for diagnosis of horseshoe kidney.



Figs. 60 and 60a.—Fused (horseshoe) kidney, renes compositae central (proximal and distal renal poles fused). Explanation of illustration signs: AR, arteria renalis, as well as AR1, and AR2; Ve, vena cava; A, aorta; 1, 1, calyces; 2, ureteral pelvis; 3, proximal ureteral isthmus; 4, ureteral dilatations; VI, fifth lumbar vertebra. Presentation.—Dorsal and lateral view. Isthmus renalis, proximal and distal, parenchymatous, and dimension of liberal fusion. Location, ventral to aorta and vena cava. The proximal renal isthmus lies ventral to the lumbar vertebra, the distal renal isthmus lies ventral to the sacrum. The ureter lies dorsal to the isthmus renalis, but ventral to the vasa abdominalis magna. Hilus renalis. Central hilus unicity. Location on promontory of sacrum. It receives all renal vessels. Form, regular, oval. Boundary definitive. Dimension, liberal. Sinus ronalis, segment of an extensive sphere. Ureter proprius.—Central ureteral unicity, located on dorsal renal surface. Form (isthmuses, several and dilatation) marked. Dimensions, caliber normal. Coarse, on ventral surface of sacrum. Pelvis ureteris, (2), central pelvic unicity and symmetry. Located on dorsal renal surface. Dimensions, exceeds normal range (dilatation). Form, spherical. Calyces ureteris (1, 1), dilated, number 3. Location on dorsal renal surface. Distribution regular. Vasa renalis, central vascular duplicity and symmetry, paired. All renal vessels enter hilus renalis. Topography.—Holotopia, excessively centralward and distalward location; skeletopia, abnormally intimate with the lumbar vertebrae and sacrum; syntopia, excessively intimate with the vasa abdominalis magna; idiotopia, excessive coalescence of renal tissue (renal poles and center). Form, circular, oval in contour. Flattened dorso-ventrally. Symmetry, symmetrically ventral Surface, lobulated, fissured. Dimensions, equivalent to combined bilateral renal masses. Position, distalward congenital dystopia, on sacral promontory. (Presented to me by the courtesy of Drs. T. P. Burns and Robert Zeit.)

The accompanying seven illustrations, Nos. 14, 19, 20, 25, 60, 60a, with short legends shown at random from the 83 illustrations, will suggest a significant story to the physician.

THE TREATMENT OF ECZEMA.

R. L. SUTTON, M. D.

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In the therapy of so protean a disease as eczema, it is the height of absurdity to imagine that one single drug or preparation will prove curative, or is even applicable in every case. As time goes on, however, and we gain a more complete and exact knowledge of the pathology of this condition, even though its etiology does remain obscure and undefined, our ability to rationally combat it materially increases.

While the internal treatment is, as a rule, largely symptomatic, the enforcement of proper hygienic measures is to be advised in every instance. The frequent use of soap and water is contra-indicated, and especially so if the water is hard or the soap contains excessive amounts of incombined alkali. An occasional sponge bath in soft water, heated until comfortably warm to the touch, and containing two ounces of bran or oatmeal to the gallon, is more often beneficial than otherwise. If soap is used at all it should be bland and non-irritating in character. The simple superfatted soaps devised by Unna answer admirably, but they must be recently prepared.

If grease and dirt collect on an affected surface it is best to gently swab the part with a soft rag dipped in deodorized benzine, and immediately follow this with a thorough coating of olive oil.

I have found the milk feeding advocated by Dr. Bulkley an extremely valuable procedure, but it must be properly carried out if the best results are to be obtained.

Commonly, unless the patient is engaged at hard physical labor, it is wise to completely eliminate meat from the diet for a considerable period of time. I find it simpler and more satisfactory to gauge the amount of allowable proteids by repeated examinations of the urine.

Alcohol, because of its effect on the peripheral circulation, is to be forbidden altogether.

In babies and in young children eczematous inflammations of the skin are very frequently associated with, and apparently dependent on, malnutrition and an insufficient intake of fats. Cream feeding, with or without a teaspoonful dose of a 10 per cent aqueous solution of ichthyol, as an intestinal antiseptic, three times daily, is far better than the host of external applications so often advised.

That the general health should receive attention goes without saying. Constipation especially, when present, is to be remedied and it is well always to bear in mind that the more nearly we approximate Nature's methods the more likely we are to secure satisfactory and lasting results. The importance of a regular morning hour for this duty is to be impressed upon the patient. Whole wheat or Graham bread, corn "gems" or shredded wheat biscuits with cream, together with stewed or fresh fruit, should be eaten at breakfast. If a drug must be used, I prefer one of the cascara preparations.

If anemia is a factor, iron or arsenic, alone or together, may be ordered, or Startin's mistura ferri acidi given a trial. While the proportion of iron in the latter is quite small the amount taken up by the body is very considerable and I have found it a most excellent hematinic.

In discussing the topical treatment of this disease it is essential that we divide it into types, and the simpler the classification the better. The terms "acute," "subacute" and "chronic," with reference to the stages and not the duration of the affection, while not as clear-cut and definitive as could be desired serve fairly well.

From a histo-pathologic standpoint there are three morbid conditions present in all forms of the disease. These consist of a parakeratosis (which is really an irregular, excessive cornification), an acanthosis (a prolifieration of the prickle cells, with consequent increase in thickness of the epithelial layer), and an excess of moisture with resulting separation of the cells (which Unna characterizes as a "spongy metamorphosis").

In the first stage of the disease, when the condition is identical with a simple dermatitis and all of the changes incident to an acute inflammatory process are present in the upper part of the corium, the excess of moisture, in the form of serum, gives rise to edema. If the process continues, acanthosis results from hyperproliferation of the rete, and, finally, as a result of this rapid formation of cells, we get a parapkeratosis, although the other layers are immature and imperfectly cornified.

In the acute and the early exudative stages of the subacute forms, when the skin is hot, tense and shiny, with serum oozing out on the surface, and occasional thin-walled vesicles scattered about, a soothing astringent is indicated, and one of the most satisfactory is an alum-lead acetate mixture:

℞ Alum 20.0
Lead acetate 35.0
Water 400.0

Mix and filter. Apply this solution to the skin by means of soft gauze compresses, not too tightly bandaged.

At the end of twenty-four hours the surface will be bleached and wrinkled and there will be marked lessening of the edema and little or no elevation of temperature.

In many instances, and especially if, an hour or so after the astringent has been discontinued, the skin appears more damp and soggy than it should, the free use of a bland, inert, impalpable powder (such as one consisting of equal parts of zinc oxide and zinc stearate) will complete a cure.

The powder protects the surface, promotes evaporation (by increasing the evaporating area) and acts as an absorbent.

Should the affected area feel dry and exhibit a tendency to exfoliation, with more or less pruritus, fats are indicated, and nothing is of greater value than carbolated zinc oil.

℞ Phenol 5.0
Zinc oxide 60.0
Olive oil 35.0

Mix thoroughly. Apply by means of soft cotton cloths, two or more times lightly.

Should the case, when first seen, present a dry, subacute inflammatory condition, the skin being red, infiltrated and covered with irregular, ill-defined scales, while the itching is intense and continuous, a lotion containing liquor carbonis detergens should be alternated with the zinc oil:

℞ Liquor carbonis detergens.. 15.0 to 30.0
Zinc oxide 20.0
Starch 20.0
Glycerine 25.0
Water, sufficient to make ..100.0

Mix. Shake well and apply by means of a cotton swab several times daily.

Although the proportion of the active ingredient in this prescription appears to be excessive, from a theoretical point of view, in actual practice the results are excellent.

The lotion can be used at intervals through the day, and zinc oil, plain or carbolated, applied at night.

In the thick, hyperkeratotic, chronic form of the disease, which is most frequently seen on the palms and the anterior surfaces of the wrists, an agent which will loosen and dissolve the outer layers of superfluous epithelium without giving rise to additional inflammatory changes in the corium is needed, and none is better than salicylic acid:

℞ Salicylic acid..... 2.0 to 5.0
Wool fat..... 20.0
Vaseline..... 25.0

Mix, and apply twice daily on smooth cotton cloth, overlaid with gutta percha tissue and a snug bandage. At the end of twenty-four or thirty-six hours the keratolytic action has usually proceeded far enough. All salve and loose epithelium is removed by means of a cloth and deodorized benzine, and zinc oil applied. The process is repeated, if necessary, until sufficient reduction is secured.

This is also a very good method of treating the nails when they are involved. I believe it is much better to employ one simple, dependable agent like this all of the time, familiarzing oneself with the action and effect of the various percentages and learning positively what to expect from their application, than it is to be constantly shifting from one drug to another, with consequent uncertainty as to the result.

When the disease occurs in small, circumscribed (nummular), slightly thickened patches, which are as erratic in their distribution as they are resistant to treatment, no remedy has given me such satisfactory results as ordinary coal tar, as first suggested by Brocq.

I do not refer to pix liquida, which is an empyreumatic oleoresin obtained by the destructive distillation of various woods of the natural order coniferae, but to the dark, thick, semiliquid substance which is a product of the dry distillation of bituminous coal. It may be obtained from any of the large roofing or paving companies and is an extremely efficient aid in this particular type of the disease. It is thickly applied to the affected area and covered with a bit of gauze. In the course of four or five days, as a result of the ensuing irritation, the skin will exfoliate, leaving a red, inflamed patch. A bland ointment is then applied until the inflammation subsides when, if needed, a second coating of tar is painted on. One application, however, is usually sufficient.

BYRON ROBINSON'S NOTE-BOOK.

The surgeon who has no suppuration is practicing prophylactic surgery. Practically 40 per cent of cases of perityphilitis brought to me bring with them pus.

Original investigations should be continued regardless of material gain in order to increase the store of knowledge.

The greatest gift to mankind is knowledge. Knowledge will solve the main problems.

Education is the base and rock of progress and of the republic.

A medical landmark is a point or consideration—anatomic, physiologic and pathologic.

The ovary is the central sexual organ of woman (as the testicle is that of man), and should be removed for grave reasons only—malignancy. Segments may almost always be preserved.

Renal Neuroses.—For many years I have noted a tenderness in some kidneys without apparent cause—no calculus, no malignancy, no pathologic urine. Ten years ago I was unfortunate enough to do nephrotomy for what I term renal neurosis. Renal neurosis is a form of visceral neurosis as mucous colitis or secretion neurosis of the colon, or like membraneous dysmenorrhea.

Dr. Coffey, of Portland, Oregon, has made another mistake. Coffey now thinks he is sitting on the rock and base of eternity when he states that "the scheme of nature is to hang all organs by peritoneal ligaments." This statement will not withstand the laws of anatomy, physiology or pathology. The office of the mesentery is not for mechanical support, but to conduct vessels and nerves and prevent visceral entanglement.

To demonstrate the mesenteries do not support viscera, observe that when splanchnoptosia exists the viscera rapidly follow immuning abdominal walls by longation of the mesenteries—peritoneal ligaments. It is the abdominal wall which supports the viscera.

By the way, I wonder if we could not ask Dr. Coffey and his pupils to halt and explain their surgery before they have everything "hung." The latest appears to be the "hanging plication fold" for pregnant women, say of two-month gestation. Why not stand the pregnant woman on head at home—it might save the hospital expense. Dr. Coffey's surgery is destined to control and "fix" the millions yet unborn.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Wanted—A State Board of Medical Examiners.

In our last issue we mentioned editorially that the change of administration in Missouri meant a new State Board of Health, and, incidentally, we deplored the fact that the major portion of our Board's attention seemed to be devoted to the regulation of medical schools and the examination of prospective practitioners. It appears that others are considering the merits and deficiencies of our Board as now constituted and plans are being worked out which purpose relieving it of all responsibility in the matter of medical examinations by the establishment of a new body which shall be known as the State Board of Medical Examiners. This move should have the hearty support of all Missouri physicians, and it should, as speedily as possible, become an accomplished fact. The Board of Health should, from its very nature, have interests so weighty and duties so pressing that it will be very fully occupied even when relieved as this move contemplates; the Examining Board, having no other repsonsibility will be better able to conduct the affairs confided to it. With such a change our objection to placing members of medical faculties on the Board of Health would be entirely removed, but the examining board should have in its individual members no school bias or affiliation.

A resolution has been introduced in the St. Louis Medical Society urging a divorcement of the examining service from the duties of the health board and the establishment of a new board; this is fathered by men of conservative and deliberate judgment, and it is purposed to follow the matter up through the legislative labyrinth and promote its becoming a law as speedily as possible. The reasonableness of the project must appeal to physicians at once, and it is hoped that generous support may be forthcoming as it is needed.

The Overdoing of Medical Charity.

According to lay press reports the Chicago profession is deeply agitated over various excesses in the line of medical charity existing in that city, which are accomplished at the expense of the medical profession. The statistical information presented indicates that the situation is one to cause some alarm; it appears that a medical charity representing a value of $7,000,000 annually is done in Chicago, or about $2,500 for each of the 3,000 practitioners. Further the Bulletin of the Health Department tells of the "school nurses" *treating* 529 children in one of its recent issues, and it further offers free vaccination to all children without reference to ability to pay therefor. The published information does not go into the matter of school and privately conducted clinics, finding sufficient to occupy the attention in affairs under the control of the city health department. Chicago and St. Louis and other cities have been welcoming the public school nurse and urging a rapid increase in the number, but if these women are to treat patients, and patients who are abundantly able to pay for treatment, their coming will not prove an entire blessing, and their status may have to be defined under state practice acts.

In view of the tremendous medical charity abuse and the wrong that is being done the profession through it, it is somewhat surprising that there has been no concerted action to bring about a better condition of things. There is certainly no other calling in which the individual averages even a minor fraction of the charitable work which every doctor's office knows, his percentage of charity *in his work* is very high, he does a large indirect charity, he is called upon to contribute to every charitable movement, even to those which are undertaken against his own interests, and he is expected to sit quietly by and see patients, abundantly able to pay, treated at clinics, by the health department and by nurses; there are many men who suffer as a consequence and they are the larger number of practitioners. The men who control affairs in organized medicine are not the men who most feel the result of these abuses, and it may be that they do not appreciate how heavy the burden

may become to others, but the men who control affairs must become familiar with the condition, and must interest themselves in a change for the better if medicine is to continue to have a status above the trades. A clearing house of those applying for medical charity has been suggested in Chicago; we are not sure that this can be effectively inaugurated without working serious hardship on many of the deserving poor; in fact we have no solution for the problem except that physicians of good repute should unite against lending their assistance to projects which impoverish the profession.

The Hypodermic Treatment of Syphilis.

WHILE it is an established fact that mercury is the therapeutic antagonist of syphilis, and that the remedy has been effectively used in all of its various forms, its application has so frequently been the occasion of annoying manifestations that the profession has long been searching for an effective substitute. Some years since the hypodermatic use of mercury was proposed and adopted by several clinicians, but the method was so painful that it was not generally adopted even by those who used it in occasional cases; recently the techinque and the list of suitable mercurials have been placed on a definite basis and the right method of giving mercury in syphilis is now known. Defending his preference for the hypodermic use of mercury to its employment per os and by inunction Gilmour* states that it not only possesses all the advantages of the other methods, but has in addition many points to recommend it. The dosage is accurate, the entire amount is absorbed and reaches the circulation, it is rapid in action, and the patient is more completely under control. It appeals to the patient because of the short time required for each treatment and the infrequency of, and long periods between, visits to the doctor's office. Objections to it are many, but most of them can be eliminated if the technique is not at fault. If symptoms of poisoning occur in other methods of medication it is sufficient to stop the treatment, but in cases where the mercury is injected deeply into the muscles we must cut down to and remove it. These symptoms can be avoided with proper care in administering the initiatory doses. Infiltrations should seldom occur with proper technique. Abscesses are rare. The author has never seen a case in 1500 injections. The danger of entering a vein and injecting the medication into it may be obviated to a great extent by taking time and exercising great care with the technique. The soluble preparations of mercury most frequently used hypodermically are the bicloride (gr. 1-24 to 1-4) and the bicyanide (gr. 1-5 to 3-5). The benzoate, albuminate and many other preparations have also been used. The insoluble preparations are usually the salicylate and the mild chlorid (calomel). The yellow, the red, and the black oxids, as well as the tannate and several other salts, have been tried and have been discarded by most syphilographers. The author gives a full and minute description of his technique and routine and ends up rather pessimistically thus: "At the best we have not found a sure and ideal method to insure us in fulminating cases against the ravages of syphilis."

* N. Y. State Jour. of Med., October, 1908.

ST. LOUIS ITEMS.

THE HOSPITAL COLLECTIONS.—The annual Hospital Saturday and Sunday collections for 1908 are now in and an approximate total has been arrived at, it being slightly under $40,000. The amount is a healthy increase over that for 1907, and indicates a tendency to better times.

THE ST. LOUIS CLINIQUE GOES TO EAST ST. LOUIS.—Mr. C. H. West, for some years publisher of the St. Louis Clinique, has sold the journal to its editors, Drs. C. W. Lillie and G. C. Adams, and it will hereafter hail from East St. Louis, Ill. While regretting that Mr. West is severing his medical connections we must congratulate the Clinique that its future destinies are in such able hands.

RESIGNATION OF DR. WINN.—The daily press announces the resignation of Assistant Health Commissioner Winn and the appointment of Dr. G. A. Jordan in his stead. No particulars are given beyond the surprising fact. That Dr. Winn has been an aggressively active official and has been full of initiative is a well recognized fact; he has seemed an essential agency in the department.

ANOTHER ABORTION DEATH.—The death of the bride-wife of Dr. Paul Pritchett in a down-town hotel five days after her marriage, and the development by the coroner of an abortion as its cause adds another to the sorry list which is being made in this city. The coroner did not establish who was the responsible physician, but at the time of writing the husband and doctor who made out the burial certificate have been released from custody.

Dr. M. E. Kepner, of Laclede, Ill., died after a brief illness on November 2d. Dr. Kepner was a graduate of the old Missouri Medical College in 1899; since his graduation he had been a frequent visitor to St. Louis and had many friends here who, with his family, mourn his death.

The following physicians were elected to active membership in the St. Louis Medical Society at the meeting of the Council on December 2d: H.B. Erdhaus, 1206 Tamm Ave.; Martin G. Fronske, 2819 Wisconsin Ave.; Alexander E. Horwitz, 4360 Page Ave.; P. G. Hurford, City Hospital; Gustav H. Reinhardt, Jewish Hospital; G. Y. Briggs, 2758 Armand Place; Eli Thomas Brand City Hospital; Edmond Bonnot, 3013a Park Ave.; J. F. Axline, 4143 N. Newstead Ave.; J. J. Burdick, City Hospital. Dr. E. P. Lyon, of St. Louis University, was elected to associate membership.

Death of Dr. Frank L. Adams.—The St. Louis friends of Dr. Frank L. Adams, of Oakland, Cal., are deeply grieved by the news of his untimely death. Dr. Adams was one of the best known of Pacific Coast physicians; he was a man of such charming personality and such sterling worth that he made and *kept* friends. In the days after the great San Francisco fire many local men became acquainted with him through correspondence and his letters made them admire the man. Those of us who were privileged to know him personally can appreciate the loss which has befallen the Pacific profession, and it is truly a bitter one.

The primary home of the gonococcus is mucosa (especially cylindrical epithelium); the secondary home is serosa.

The history of the world is a record of human experience perpetuated by writings, architecture, pyramids, ruins, sculpture, paintings; however, the record of printing surpasses all others.—Byron Robinson.

The Toiling Children.—In this issue of the Fortnightly, we present an able article from the pen of Dr. Holmes, whose reputation as a writer is well known, especially along medical and sociological lines. Dr. Holmes' paper on "The Toiling Children," should strike home to the hearts of all medical men, and inspire in them a desire to use their influence in correcting certain evils that exist in our laws. We hope none of our readers will overlook this excellent paper.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

MEDICAL GREEK. Collection of Papers on Medical Onomatology and a Grammatical Guide to Learn Modern Greek. By Achilles Rose. New York: Peri Hellados Publication Office. 1908.

A considerable portion of the medical fraternity has had a more or less extended training in classical Greek; of these we doubt if any very large number has ever detected or suspected the considerable number of offenses against pure language which are to be found in medical nomenclature. These are about equally divided between words of hybrid origin and words incorrectly constructed from the Latin or Greek. Dr. Rose is an enthusiast for his native tongue in its purity; he has done more than any other to awaken the American profession to the error of its way and, through numerous monographs variously published, has pointed out the way to an intelligent use of proper medical terms. This book is a collection of these monographs and very completely covers the subject. It is a difficult matter to interest busy physicians in a matter of this kind, and it would seem that the only effective way to promote the idea of exact nomenclature would be through the schools, that the new generations of physicians may begin right. If it is possible to correct common usage in this respect we hope it may be speedily accomplished, but we doubt whether the large number of physicians are going to give the matter the time and attention that a remedying of their daily linguistic faults would necessitate. The book is intensely interesting and merits the attention of every physician, for we are all at fault.

GENITO-URINARY DISEASES AND SYPHILIS. By Edgar G. Ballenger, M. D., Lecturer on Genito-Urinary Diseases, Syphilis and Urinalysis Atlanta School of Medicine etc. With 85 illustrations, 276 pages. Atlanta, Ga.: E. W. Allen & Co., Publishers. (Price, $3.00.)

This book has been prepared to assist a teacher in his work with medical students, and it presents a practical resume of the subject in a concise and attractive form. The criticism of many books is that they are too voluminous, the facts are hidden by detail and the over-development of matter which is only of interest to those who delve deep in the subject—the student and the practitioner are not interested in the husk and shuck, they are looking for the kernel. This book will very nicely meet the needs of the class of readers for which it was prepared. The text is excellent, the subject matter being well chosen and well presented and very satisfactorily assisted by numerous illustrations which aid materially in making the volume of practical value.

THE PRACTITIONERS' VISITING LIST FOR 1909. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contains 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each one in wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Descriptive circular showing the several styles sent on request. Philadelphia and New York: Lea & Febiger, Publishers. (Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra.)

The Practitioners' Visiting List is too well known to our readers to need more than brief comment. The new list is like its predecessors in that it is all that could be desired in compactness and convenience. It contains the usual space for accounts and several pages of very valuable emergency information.

CURE OF RUPTURE BY PARAFFIN INJECTIONS. By Chas. C. Miller, M. D. Published by the author, 70 State street, Chicago, Ill. 1908. 12mo. 81 pages.. ($1.00.)

We must confess that we have been very skeptical about paraffin injection as a therapeutic procedure, and we took this little book up with a primary prejudice; to our surprise we found it not only readable, but in a degree convincing. We have had no opportunity as yet to put into practice Dr. Miller's technique, but on occasion we shall seriously consider it. The book is very clear in its presentation of the author's ideas, and the facts which he has demonstrated. If hernia can be so simply and safely remedied every physician should know it and should equip himself for its successful accomplishment.

"Before I answer your question," said the great alienist, "permit me to refresh my memory." Hereupon he consulted a notebook. "May I ask," resumed the lawyer, 'why you found it necessary to consult some memorandum before answering a simple hypothetical question of only a few thousand words?" "The fact is," replied the alienist, sauvely, "that I did that to get the point of view. I'd forgotten which side I'd been retained on in this particular case. Kindly spring your conundrum again."

The Supreme Court of Georgia has just decided that when an employer summons a physician to care for an employe who has become suddenly ill, the employer is not liable for the bill unless there is a definite agreement between the employer and employe that the former shall be liable. If we are not mistaken, some other court has decided that the physician cannot collect for services rendered to a conscious man unless he has been asked to render such services by the patient. All of which goes to show that the courts of law do not see that it is particularly important that the doctor shall be paid at all.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

THERAPEUTICS.

Unique Position of Creosote.—In an editorial under the above caption in Medical Council for September, 1908, the writer states that, of the many remedies lauded for their service in the treatment of pulmonary tuberculosis a dozen years ago, but one has retained its prestige—beechwood creosote. It has not only held its own, but has gained in favor as its powers and range of uses have become better known and defined. A score of years ago creosote was said to be especially indicated in phthisis florida. Authorities now recommend it in all advanced cases. In fact, it is a fairly general opinion that creosote restrains only the processes arising from the mixed infection. Whether it retards in any measure the primary infection we do not know. What we do know is that it mitigates all the symptoms arising from the mixed infection. The therapeutic effects of creosote are four-fold: 1, It whets up appetite and digestion; 2, as an intestinal antiseptic it restrains auto-infection; 3, it is a mild yet meritorious expectorant; 4, as a pulmonary antiseptic it acts directly upon the infected lesion and perhaps also on toxins in the circulation. Much failure to obtain decided results from creosote in proper cases has arisen from failures of administration. The stomach has proven intolerant and the doses taken too small. In most instances large doses are essential. In the practice of some these range as high as forty and even sixty drops, three times daily. The best plan is to begin with one or two drop doses in water as hot as can be borne. Use a tablespoonful of water to each drop and agitate violently in a shaker to minutely subdivide the oil globules. Increase one drop daily, noting results. Upon appearance of slightest toxic effect—headache, vertigo, smoky urine—desist, and after a week or two begin as before. Ten-drop doses may be depended on to improve digestion, but not to reach the pulmonary disease. At times fifteen or twenty-drop doses will do the latter. In fact, these may be taken as the minimum of specific doses. The average case requires thirty-drop doses.

A Summary of the Results Obtained by the X-Ray Treatment of Exophthalmic Goitre.—Dr. G. E. Pfahler, of Philadelphia (N. Y. Med. Jour., Oct. 24, 1908), from a review of a large number of reports of cases made by well-known and careful observers and cited in his paper, is convinced that the

Roentgen rays deserve a more prominent place in the treatment of exophthalmic goiter than they have heretofore received, and gives us the result of his labors in the following summary: 'There have been recorded in the literature at least fifty-one cases treated by the Roentgen rays. Of this number forty-two cases were followed by good results. In nine patients there was little or no improvement. In other words, good results were obtained in over seventy-five per cent of cases, with no risk to the patient and no great inconvenience. This is surely a marked contrast to the results obtained by other methods. The number of cases treated is still small, but surely sufficient to justify further trial, since there seems to be nothing lost and a chance for much gain by the trial. One author states distinctly that three of his patients received no other treatment. It is possible that others received no other treatment, but it is to be assumed that in most cases some internal treatment was used. Beck used the rays after surgery failed to produce satisfactory results, and recommends a combination of operation and Roentgen ray treatment. Since, however, results followed so promptly after all other methods had failed it seems folly to leave the best and least harmful method until last. It will be observed that the good results showed themselves in some instances within forty-eight hours, and almost without exception within a month. In most cases almost complete recovery was obtained in from three to six months. It would seem, therefore, that the trial of the Roentgen rays for a month, with from six to a dozen treatments, could do no harm, and is likely to be followed by good results. If some improvement is not shown in a month it should be discontinued for at least a month. The treatment should be localized upon the goitre, and may be carried to the point of producing a mild dermatitis, but no more. The first dose should not be excessive. The permanency of the results is still a question, yet all the patients in which good results had been obtained, had improved or remained well up to the time of the report, which varied from a few months to three years. The earliest and most noticeable improvement is the increase in weight. This is followed by improvement in all the symptoms. The two symptoms that remain longest are usually the enlargement of the thyreoid and the exophthalmos.

Adrenalin in the Treatment of Cancer.—In an exhaustive paper on Adrenalin Therapy (Am. Med., Oct., 1908) Floersheim states that Berdeir and Talabert report the cure of a cancer of the rhino-pharynx by the daily injections of adrenalin into the growth. Deafness was soon overcome and after a month or so there was scarcely a trace left of the growth. In other cases the relief of pain by the injections was noticeable, even when the cancer was too far advanced for treatment to be more than palliative. They believe that some connection between the suprarenals and the evolution of the cancer seems a plausible assumption from the facts observed. Feeswigen in cancer of the rectum used adrenalin chloride 1-1,000 twice a day over the cancer. He noted a decrease in the accompanying proctitis, a dimunition in the discharge from the ulcer and a decrease in size of tumor. Ulcers became pale and hemorrhage checked. G. Malno relieves pain and hemorrhage in cancers of the breast, mouth, throat, face and rectum by swabbing the ulcerated surface of the cancer with adrenalin.

Adhesive Plaster Strapping in the Treatment of Granulating Wounds.—C. S. Neer (Medical Council, Nov., 1908) believes that this method of treating granulating wounds has not met with the recognition it deserves. He uses it in a majority of wounds where there is a granulating surface to be covered with epithelium, and has found it promotes healing more rapidly than any other method. There is no painful sticking of the dressing and less frequent changing of it required. This treatment is not, of course, applicable to fresh aseptic wounds, nor to those in which there is active infection. Strips of adhesive plaster one-half inch or one inch in width are used. The wound and the surrounding skin are cleaned with warm water. No antiseptic is necessary. The skin is carefully dried, and the strips of adhesive are applied, either basket-fashion or all in one one direction, depending upon the shape, size and location of the wound. Heating the strips over an alcohol lamp just before applying makes them stick better and may afford some comfort to a sensitive surgical conscience, although, as is well known, there is no danger of infecting a granulating wound, provided the surface is uninjured. The strips should be applied snugly, slightly approximating the edges of the wound, and they should extend well beyond the wound in every direction. Each strip should slightly overlap the preceding one. A light layer of gauze and a bandage completes the dressing. The dressing should be left undisturbed for from four to ten days. The pus which accumulates under the strips seems to do good rather than harm, keeping the epithelial edges soft and preventing scab

formation, thus acting as a natural ointment. On removing the strips the wound is cleaned by gentle irrigation with water. The surrounding skin is cleaned and dried and the strips applied as before.

In Austria, only 38 per cent of the inhabitants are engaged in agriculture, while in the sister-country, Hungary, no fewer than sixty-four in each hundred are engaged in tilling the land.

To follow a trail in a forest—by its clearing, its blazes, its footprints—is similar to making a diagnosis from signs and symptoms. Frequently on the following the trail, or making the diagnosis, a life depends. —Byron Robinson.

Contagious Diseases in Chicago.—There were reported to the Department of Health of the City of Chicago 555 cases of contagious diseases during the week ending October 24, 1908, this being an increase of 142 over the preceding week and of 277 over the corresponding week of last year. Of the total number of cases 171 were of diphtheria, 158 of scarlet fever, 89 of typhoid fever, 57 of tuberculosis, 34 of measles, 20 of pneumonia, 15 of chickenpox, 6 of whooping cough, 1 of smallpox, 1 of puerperal fever, and 6 of diseases of minor importance.

Scarlet Fever.—Barlow (Practitioner, December, 1907) from an analysis of 832 cases, concludes that the presence or absence of complications does not depend entirely on the severity of the scarlet fever attack, but depends in an equal degree on the patient's condition when attacked and in a less degree on the age, complications being more likely the younger the child. A fever hospital is not the place for very mild cases if there is the slightest chance for isolating the patients at home for a few days. In his opinion, the very mild cases are infectious only for a few days. The diagnosis of scarlet fever is by no means always simple. Too much attention if often fixed on the rash, which may last only a few hours and may mislead by its atypical characters. Mild cases require no treatment beyond abundance of fresh air and a mild disinfecting throat spray. For otorrhea he recommends irrigation with boric acid solution and filling the ear with the acid. When the flow of urine is well established he prescribes iron. The duration of the infective period varies from a few days to some months. The nose and the nasopharynx he considers the sites where the infection lingers. Children with adenoids and large tonsils are apt to remain infectious for some time. —Jour. A. M. A.

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.*

Abstracts of papers read at the Thirty-fourth Annual Meeting, held at Louisville, Ky., October 13-15, 1908.

(Continued from page 543.)

SURGICAL SECTION.

President's Address: Currents and Counter-Currents in Medical Advance.—Dr. Arthur R. Elliott, Chicago: I agree with President Burrell, of the American Medical Association, that public instruction should be placed in the hands of a special board; that it should not be taken up by the profession generally; that everything put out should be carefully edited, in order to exclude the sensational and misleading; that the question of the treatment of disease other than preventive should be avoided. The future of medical education of the laity rests in the proper instruction of the young, and this manifestly must be carried on in the schools. Intellectual reform after adolescence is difficult. Few of our present patients will ever rightly understand our princples or our methods, the reasons for our successes, or the explanation of our failures. What they do understand is personal character on the part of the physician, honesty and good sense, kindness and sympathy, liberality and benevolence to rich and poor. Our influence for good with patients depends largely on the degree to which we are able to retain a presonal hold on their confidence and loyalty. Too often there is encountered on the part of the public either a spirit of indifference or a disposition to be hypercritical. One contributing factor rests in the weakening of the personal bond, the respect and good understanding existing between physician and patient. No one acquainted with the tendencies of the times will blame the physician for this, and yet it may be asked whether in the scientific devotion of the last two decades physicians have not allowed their relations with the public to become too impersonal. During recent years there has been a tendency to base not only diagnosis and prognosis, but treatment, on the results of laboratory research, on information obtained by instruments, rather than on knowledge gained of specially trained senses and clinical judgment ripened by experience. Careful clinical observation can not be substituted by laboratory investigation, or by mechanical aids. The ideal training of the physician is based largely on the

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correct observation of clinical facts as on skillful interpretation of laboratory findings. He who neglects the latter source of knowledge denies himself an invaluable aid to diagnosis, while he who undervalues clinical observation and depends too exclusively on the laboratory becomes a perfunctory observer, a neglectful watcher of the sick, and soon loses his sense of clinical values.

Tropical Diseases and the Mississippi Valley.—Dr. George Dock, New Orleans, delivered the address in medicine: I wish to emphasize the importance of thorough instruction of medical students in the nature, recognition and treatment of tropical diseases. A pressing need is a more extensive activity in the investigation of tropical diseases in the United States. The valuable results of the schools of tropical medicine of Liverpool, London and Hamburg show what may be done and what should be done by all countries having similar problems to deal with. There is a great activity in the search for new methods of treatment of many tropical diseases. Synthetic drugs, sera and vaccines are being thoroughly explored, as they should be, but the most important part of the treatment is preventive. The essentials for this are the same in tropical diseases as in those of temperate zones. They consist, briefly, in keeping uncontaminated air, water and soil, the extermination of vermin, both large and small, and the preservation of the general health at the highest possible pitch. In the carrying out of a campaign for the prevention of disease it is obvious that much can be gained by having the general direction in the hands of a federal officer, a consummation now near realization. But even more important than this is the recognition of the need of a more distinct and definite effort all over the country. In this regard physicians have a serious and important duty, not by telling the people what to do, but by letting them know, as they themselves know, why the changes should be made. Having the knowledge of what should be done in a general way, it will be easier to place the actual work in the charge of experts.

Present Status of Kidney Surgery.—Dr. Arthur Dean Bevan, Chicago, delivered the address in surgery: Floating or movable kidney was first successfully handled by surgical treatment when, in 1880, Hahn introduced the operation of nephropexy. This operation has been extensively employed and has given satisfactory results in suitable cases. Since Henry Morris, in 1880, did the first nephrolithotomy there has been steady improvement in the surgery of kidney stone; and since the introduction of the X-ray this development has been much more rapid. The diagnosis of kidney stone can now be made definitely before operation, and modern operative technic has made it possible to remove renal calculi in uncomplicated cases with a low mortality. In tuberculosis of the kidney the disease in 90 per cent or more of the cases is at first unilateral. A distinct line should be drawn between genital and urinary tuberculosis. Urinary tuberculosis begins always in the kidney, and then descends into the ureter and invades the bladder. Early diagnosis is of extreme importance. In treatment, three methods have been advocated: general hygienic treatment, specific treatment with tuberculin, and surgery. Priamary nephrectomy for early unilateral kidney tuberculosis can be done with less than 5 per cent of mortality. In unilateral renal tuberculosis early nephrectomy is the best treatment. In bilateral renal tuberculosis the treatment should be hygienic, plus tuberculin, until the value of this method has been proven or disproven; in sime cases such palliative, surgical measures as nephrotomy and drainage may be of service. Modern surgery can now offer much in the treatment of many diseases of the kidney. Progress is being made rapidly, and one can hope that the future will add much to that which has already been accomplished. Diseases of the kidney belong for the most part to that borderland which must be cultivated by both the physician and the surgeon, in order to bring forth the best fruit. The physician who handles these cases should keep in close touch with the surgical progress being made. He should follow the case to the operating table and see for himself in vivio the pathologic conditions which are responsible for the symptoms present. The surgeon must understand fully the value and possibilities of medical treatment before he can arrive at a true estimate of the value of surgical procedures.

Bismuth Paste in Treatment of Rectal Fistula.—Dr. J. Rawson Pennington, Chicago: Beck's paste consists of bismuth subnitrate one part and vaselin two parts. When a stiffer paste is desired from 5 to 10 per cent each of white wax and soft paraffin are added. I have treated 17 patients with this paste. In 13 the discharge has stopped, the fistula has closed and they seem to be well. This gives about 76.8 per cent as cured, which I think is rather high. The patient's bowels are emptied before the paste is injected. The point of the syringe is pressed well into the main opening of the fistula, if more than

one exists, and the emulsion is slowly injected. Should there be an internal opening, the index finger of the hand not manipulating the syringe is passed into the rectum and made to close the internal opening of the fistula so as to prevent entrance of the paste into the bowel and to aid in forcing it into all the diverticula and tortuous tracts. Success will depend much on the technic and thoroughness with which the procedure is carried out. This paste may and has been used to close deep and overlooked tracts after an unsuccessful surgical operation. It is also valuable in complex cases in which there are a number of ramifications and a communication with the bowel. Surgery leaves scars and irregularities, sometimes making it hard to keep the parts clean.

DISCUSSION.

Dr. H. R. Allen, Indianapolis: I believe this method of injection of bismuth paste can be used extensively in orthopedic work, particularly in Pott's disease, abscesses, etc. After the paste is used, if one will make an X-ray examination, it will open his eyes with regard to the ramifications of the abscess. In surgical procedures we do not alway effect a cure because we overlook the the ramifications or diverticula of abscesses.

Dr. J. H. Stealy, Freeport, Ill.: Dr. Pennington did not mention whether he considered it necessary to clean out the fistulous tract before injecting the paste. I have noticed that fistulous tracts will close after one or two injections, the patients thinking they are cured, but return in from a week to three months, with the same fistulous tracts open.

Dr. George B. Evans, Columbus, Ohio: I think it is essential to clean out these fistulous tracts before injecting the paste. I believe a large percentage of failures in treating fistulas surgically are due to careless and to indifferent post-operative work.

Dr. J. R. Pennington: I have paid no attention to cleaning out the fistulous tract, although the field is rendered as clean as possible, as well as the syringe that is used in making the injections.

[To be continued.]

CONDEMNED murderers might be given the choice of execution or becoming the subjects of pathologic experiment. The therapeutics of carcinoma, sarcoma, tuberculosis and other diseases might be improved in the human by this plan.—Byron Robinson.

MEDICAL ASSOCIATION OF THE SOUTHWEST.*

Abstracts of papers read at the Third Annual Meeting, held at Kansas City, Mo., October 19-21, 1908.

The President, Dr. Thomas E. Holland, Hot Springs, Arkansas, presided and made the annual address, as follows:

The Place of The Physician in the Community.—The medical profession has produced and is producing many good men in their various lines, many great teachers who know the needs of their sections, and realizing that is well nigh impossible to teach or cooperate in the sections of the American Medical Association, they have deemed it necessary to bring into existence an association of a more circumscribed number of workers; so the Medical Association of the Southwest was formed, not as an abridgement, but as an adjunct to the good work already accomplished by the American Medical Association. On account of geographical conditions it is but natural that the states comprising this association should bind themselves together for the diffusion of medical knowledge peculiar to the sections of the country as well as to foster fraternal relations among the members.

The work the American Medical Association is accomplishing through the zeal of Dr. J. N. McCormack is excellent. We need to follow this plan. Each state should have a committee of public instruction. The method followed by the Maryland society is an excellent one and should be imitated by other state associations. The duty of this committee of public instruction is to enlighten the public in matters pertaining to the public health. During its first year the work of this committee was carried on mainly by lectures; a series of so-called "major lectures" being given by leading medical men on a variety of health topics of public interest, while what was known as "minor lectures" was carried on among various social organizations, such as church societies and women's club.

A new plea for the physician to take his place among men of community interest has been added by the Governor of California, who asked the medical men of that state to put some physicians in line for election to the two branches of the legislature, in order that they may advise with him on matters pertaining to medical legislation.

Physicians made possible the building of the Panama Canal, made Havana a clean city, and diminished the possibilities of in-

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troducing yellow fever among us. Physicians have kept cholera in check, pointed out the danger of bubonic plague through the rat-infested districts of San Francisco, and now urge that the government shall maintain sentinels to guard the Gulf Coast from yellow fever, the Mississippi from cholera, the whole of the United States from bubonic plague. Physicians also discovered the stegomyia as a yellow fever carrier, and the rat and the plague carriers.

What is the maintenance of Yellowstone Park, the need of a standing army, a labor strike, a cotton crop, compared to the danger of a threatened epidemic? Yet, all these other interests have their repesentatives in the cabinet, and the physician must needs appeal to untrained men for a hearing in regard to matters of vital importance, should legislation therefor be needed. Prevenion of disease does not enrich a physician's exchepuer, so it may not be said that he works from selfish motives. I am no prophet of evil, but when fever or plague has scourged the country, on account of negligence of men in high places, as the forest fires of Michigan, which destroyed millions of dollars' worth of property, have scourged her people, then, perhaps, will the physician's real place be known and recognized. Organization, education, regulation, are dependent on each other, root and branch. Like the crusades of old, through oganization and education we have taken a step toward the enfranchisement of the human mind; we have sounded the call to health and an abiding faith in mankind makes us know that legislation will follow, and, if we are true to ourselves as guardians of the public health, we can not be false to our trust.

Division of Fees and Giving of Commissions.—Dr. Bacon Saunders, Fort Worth, Texas, in the address on surgery, said, in part: In these days of strennous commercial adventure it is not a matter of surprise that the spirit of professional promoting should have gained a foothold in our ranks. If there were not members of the profession in quasi good standing who raise the point as to the morale of the practice there would not be occasion to discuss the question of fee-dividing or commission-giving by whatever name the conscience-searing, profession-dergading, bargain-counter deal is called. In some communities this custom is practiced to a considerable extent, and by men from whom both the public and the profession have a right to expect better things. I am persuaded that in such instances those who are so doing have not looked at the question from all standpoints, and it is to be hoped are not aware of the wrong they are doing to the public, to their fellow practitioners and to themselves. Such men have only to be shown the error of their ways. They will then turn and walk in the paths of professional rectitude and uprightness. If their conduct is not caused by thoughtlessness, then it is due to avaricious cupidity, and can not be defended by any honorable right-thinking man. A prominent surgeon was asked by a country doctor what he would charge to come to a certain town and do four laparotomies, the physician stating that the patients were poor and could not afford to pay much. With these facts before him, the surgeon said, in reply, that he would do the four operations for $200. The operations were performed, and at the close of them the surgeon received this amount in cash. Subsequently it was learned that this country doctor had obtained from these four patients a sum which aggregated $1,000, thus pocketing $1,000 for himself and giving the surgeon only $200 for his services.

Another surgeon was asked by a physician to come to a certain city to perform six operations, stating the patients were poor, but for which he (the country doctor) would see that the surgeon received $300 for his services. Under the circumstances the surgeon did the operations, and it was learned later that this physician received $1,000 from the patients, of which amount he gave the surgeon $200. The remedy is in a general moral uplift of the profession. If there is any class of men on earth whose mainspring of action should be the highestc onception of professional, social and moral rectitude it is our profession.

Operative Treatment of Hemorrhoids.—Dr. W. H. Stauffer, St. Louis: For general anesthesia I prefer and use ether, unless it is contraindicated. The operation to be selected depends on the three following factors: (1) Complete restoration of function; (2) the time required; (3) the pain produced. The clamp and cautery operation has come to stay, and by many men is considered the only one worthy of consideration. It is well adapted to chronic cases, in which the phincter is relaxed and contraction is much so be desired. The ligature operation, as performed by the ancients, resembles in many respects the operation as done today. In my last 200 patients with hemorrhoids requiring surgical interference, about 25 per cent had been operated by one of the approved methods. The unsatisfactory results could easily be traced to the following: (1)

The attempt to adapt the pathologic condition to the operator's pet method, instead of selecting the operation best adapted to the individual case; (2) the improper postoperative treatment. The clamp and cautery operation can not be used unless a general anesthetic is employed. I have modified the usual methods of excision and ligature, and claim the following advantages for my method: Complete restoration of function; absolute prevention of postoperative hemorrhage; simplicity of method and after-treatment; the patient remains in bed three days, and from work from seven to ten days; very little pain after the first twelve hours, and the permanency of the results obtained.

DISCUSSION.

Dr. E. H. Thrailkill, Kansas City, Mo.: I use the clamp and cautery operation in cases in which there are no ulcers. When an ulcerated condition exists it is better to use the ligature, because one can pass the ligature around the ulcer which has been bleeding and arrest the hemorrhage by tying the artery. There is too much sloughing attending the injection method. As to dressings after operation, I condemn the practice of using tubes in the rectum.

Dr. R. H. Barnes, St. Louis: In operating on hemorrhoids I prefer chloroform as a general anesthetic. I avoid the ligature or suture in rectal operations on account of the danger of infection. The injection method is not a good one when one compares results from it with results obtained by other methods of treating hemorrhoids. The preferred operation is the clamp and cautery method.

Dr. W. H. Coffey, Kansas City, Mo.: The ligature has its place, as well as the clamp and cautery, in treatment of hemorrhoids. Most patients with hemorrhoids can be treated in the office; they need not go to a hospital. Large, painful, internal hemorrhoids require a general anesthetic, preferably chloroform or ether, according to one's own special ideas. Dr. John D. Riddell, Enterprise, Kan.: My patients have complained of throbbing pain for two or three days after operation. Following the operation, Dr. C. H. Mayo suggests that we go around the external sphincter and tie the cords, as he calls them, make a little incision, radiating from the center of the anus, just outside the external sphincter, and you will find the next day, if you examine the patient, that the rectum is bulging a little. This incision relieves tension and affords the patient much comfort; in fact, so much comfort that the surgeon will do well not to neglect it in finishing his operation for hemorrhoids.

Dr. James A. Foltz, Fort Smith, Ark.: The patient should be very thoroughly under the influence of the anesthetic before one begins even to dilate the sphincter, otherwise the results may be diastrous. The anesthetist should be a capable man or should be watched very closely to see that he is careful.

Dr. W. H. Stauffer: The preparation of the patient is largely an individual matter. The object is to render the parts as nearly anseptic as possible. The choice of anesthetic is by no means unimportant. Ether is a decidedly safer anesthetic than any other in doing surgery on patients with large hemorrhoids at a hospital rather than at the office.

(To be continued.)

THE NEW BELLEVUE.—The first of the new buildings at Bellevue Hospital (New York) was opened in November. This has just been completed at a cost of something over a million dollars. The building is seven stories high, and contains two pavilions, known as A and B, of eight wards each, altogether accommodating about four hundred patients. The top floor will be devoted to wards for maternity cases, and the children's and medical wards will be housed on the lower floors. In the main building it will now be possible to have four wards for the tuberculosis patients, who have hitherto been housed in small wooden buildings along the river front. These will be abandoned, as will the building outside the hospital grounds which has been used for maternity cases.

RED CROSS CHRISTMAS STAMPS.—In order to raise money for the energetic fight which it is carrying on against consumption, the National Red Cross has issued a stamp for use on Christmas letters and packages this year. The stamp was designed by Howard Pyle, and bears in addition to the name of the society, the inscription "Merry Christmas and Happy New Year." The stamps will be sold in sheets or in small books at the rate of nine for ten cents. They are, of course, not good for postage. This scheme for raising money was first tried in Denmark in 1904, under government supervision, and has since been continued with great success. Last year the National Red Cross here took up the scheme, confining their work to the State of Delaware. Nearly $3,000 was cleared. This year the stamp will be distributed throughout the United States.

TO THE FRONT
SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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MEDICAL NEWS

INCREASE IN ALCOHOLISM AMONG APPLICANTS FOR ENLISTMENT.—The annual report of the Surgeon General of the United States Army discloses the fact that the proportion of applicants rejected on account of alcoholism rose from 9.65 per thousand in 1905-06 to 75 per thousand in 1906-07. There seems to be no assignable reason for this increase. No change has been made in the regulations regarding alcoholism.

FOR THE DISINFECTING OF WOUNDS.—Prof. Von Bruns, of Germany, recommends the use of pure carbolic acid in small quantities, not more than two or six grains in the largest wounds. After incision or curetting he protects the surrounding skin by wetting it with absolute aclohol, then swabs the wound with a gauze sponge previously immersed in pure carbolic acid, followed in one minute by irrigation with absolute alcohol. The carbolic acid destroys the bacteria on surface and superficial layers of wound, and the subsequent use of absolute alcohol antidotes any evil effects of the acid upon the body of patient. The cauterization with carbolic acid is not particularly painful.

CONTRARY to general belief, the Sahara is not a barren and worthless waste. Some time ago there were 9,000,000 sheep in the Algerian Sahara alone, besides 2,000,000 goats and 260,000 camels. On the oases there are 1,500,000 date palms.

VANILLA VERSUS VANILLIN.—According to the investigations of Consul Julius D. Dreher of Tahiti, Society Islands (Monthly Consular and Trade Report, September, 1908), the world's production of vanilla amounts to only 1,221,000 pounds, while there is consumed in France alone vanillin to equal in strength 6,600,000 pounds of vanilla. In consequence of improvements in manufacture, it is now cheaper to use the chemical production (vanillin), which has no vanilla in its composition. The French colonists who produce more than one-half the world's crop of vanilla, ask that the fraudulent use of vanillin be prohibited by law. They appeal to the principle of the U. S. Food and Drugs Act that products should be true to their label, and desire that sellers be prohibited from using for a chemical product the name vanillin. They also ask that a duty be levied on vanillin equivalent to that paid by vanilla, and as vanilla pays 18 cents a pound, vanillin being 100 times more powerful than vanilla, should pay $18 a pound. The present price of vanillin is $3.33 a pound. The United States, while producing no vanilla, are the largest consumers thereof in the world. The vanilla bean is admitted free of duty, while vanillin pays $.80 per ounce, the 1907 imports amounting to only 100 ounces, worth $320.

RENEW YOUR SUBSCRIPTION.—According to a recent ruling of the Post-office Department, no one is to be considered a subscriber to this magazine unless he shall sign a subscription blank, authorizing the publishers to continue same to his address. As we do not wish to send the Fortnightly to anyone not desiring same, we must again request that all subscribers wishing the journal, should fill out the blank found in this issue and return by early mail. The names of all who do not comply with this ruling by December 31, must be dropped from our list.